

MODIFIED

**CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI**

Debtor: KENNETH W. ROSS SSN: XXX-XX-0760
 Joint Debtor: TRACY E. ROSS SSN: XXX-XX-9393
 Address: 36 THORNBERRY LANE
PETALMS 39465

CASE NO. 14-51619-kms
 Median Income: Above Below

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured and priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$_____ (monthly, semi-monthly, weekly, or bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

(B) Joint Debtor shall pay \$0.00 (monthly, semi-monthly, weekly, or bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address:

FIRST PRESBYTERIAN CHURCH
4901 HARDY ST
HATTIESBURG MS 39401

PRIORITY CREDITORS.

Filed claims which are not disallowed are to be paid in full or as ordered by the Court as follows:

Internal Revenue Service: \$ 4,109.10 at \$_____/month
 Mississippi Dept. of Revenue: \$_____ at \$_____/month
 Other: \$_____ at \$_____/month

DOMESTIC SUPPORT OBLIGATION. DUE TO: N/A

POST PETITION OBLIGATION: In the amount of \$_____ per month beginning _____.
 To be paid direct, through payroll deduction, or through the plan.

PRE-PETITION ARREARAGE: In the total amount of \$_____ through _____ which shall be paid in the amount of \$_____ per month beginning _____.
 To be paid Direct, through payroll deduction, or through the plan.

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

Mtg pmts to <u>BANCORP SOUTH</u>	Beginning <u>Nov. 2015</u>	@ \$ <u>1,188.90</u>	<input type="checkbox"/> Plan <input checked="" type="checkbox"/> Direct
Mtg pmts to _____	Beginning _____	@ \$ _____	<input type="checkbox"/> Plan <input type="checkbox"/> Direct
Mtg pmts to _____	Beginning _____	@ \$ _____	<input type="checkbox"/> Plan <input type="checkbox"/> Direct

Mtg arrears to <u>BANCORP SOUTH</u>	Through <u>NOV 2014</u>	\$ <u>0.00</u>	@ \$ _____/mo
Mtg arrears to _____	Through _____	\$ _____	@ \$ _____/mo
Mtg arrears to _____	Through _____	\$ _____	@ \$ _____/mo

Debtor's Initials KWR

Joint Debtor's Initials JMR

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MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____
 Property Address: _____ Are related taxes and/or insurance escrowed Yes No

Creditor: _____ Approx. amt. due: _____ Int. Rate: _____
 Property Address: _____ Are related taxes and/or insurance escrowed Yes No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) pursuant to 11 U.S.C. § 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	INT. RATE	PAY VALUE OR AMT. OWED

* The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT

SPECIAL PROVISIONS which may apply to any or all payments to be paid through the plan, including, but not limited to, adequate protection payments:

GENERAL UNSECURED CLAIMS total approximately \$ 42,533.82. Such claims must be **timely filed** and not disallowed to receive payment as follows: ✓ IN FULL (100%), %(percent) MINIMUM, or a total distribution of \$, with the Trustee to determine the percentage distribution. **Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Debtor's Initials KWL

Joint Debtor's Initials JMC

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Total attorney fee charged: \$ 3,200.00
 Attorney fee previously paid: \$ 990.00
 Attorney fee to be paid in plan: \$ 2,210.00

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent

Attorney for Debtor (Name/Address/Phone/Email)
DAVID L. LORD (1427)
808 WEST PINE STREET
HATTIESBURG MS 39401

Telephone/Fax: _____

Telephone No. 601-583-6132
 Facsimile No. 601-582-5627
 Email address lordlawfirm2@bellsouth.net

DATED: 10/17/2014 DEBTOR'S SIGNATURE

JOINT DEBTOR'S SIGNATURE

ATTORNEY'S SIGNATURE

Kenneth W. Ross
 David L. Ross
 David L. Ross

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

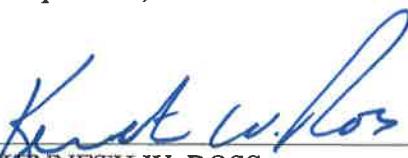
IN RE: KENNETH W. ROSS
TRACY G. ROSS, Debtors

CASE NO: 14-51619 KMS
Chapter 13 Proceeding

I/We declare under penalty of perjury that the following marked items have been
amended/modified and are true and correct:

_____	Voluntary Petition
_____	Summary of Schedules
_____	Statistical Summary
_____	Schedule A
_____	Schedule B
_____	Schedule C
_____	Schedule D
_____	Schedule E
_____	Schedule F
_____	Schedule G
_____	Schedule H
_____	Schedule I
_____	Schedule J
_____	Statement of Financial Affairs
X	Chapter 13 Plan
_____	Statement of Intentions
_____	Matrix
_____	Statement of Current Monthly Income
_____	and Means Test Calculations
_____	Statement of Social Security Numbers (B21)

Executed this the 15th day of September, 2015.


KENNETH W. ROSS


TRACY G. ROSS